

EARLY CHILDHOOD LONGITUDINAL STUDY

Kindergarten Class of 1998-99

SPECIAL EDUCATION TEACHER/SERVICE PROVIDER QUESTIONNAIRE FORM A

School ID#: _____

Teacher/Service Provider Name: _____

Teacher ID#: _____

Prepared for the U.S. Department of Education
National Center for Education Statistics

by Westat
1650 Research Boulevard
Rockville, Maryland 20850

Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

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YOUR BACKGROUND

1. What is your gender?
Male..... 01
Female 02
2. In what year were you born? 19_____
3. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.
Yes 01
No..... 02
4. Which best describes your race? CIRCLE ONE OR MORE.
American Indian or Alaska Native 01
Asian..... 02
Black or African American..... 03
Native Hawaiian or Other Pacific Islander 04
White 05
5. Counting this school year, how many years in total (including part-time) have you worked in this school? CIRCLE ONLY ONE NUMBER.
1-3 01
4-10 02
11-15 03
More than 15 04
6. Counting this school year, how many years have you been working with students receiving special education or related services? CIRCLE ONLY ONE NUMBER.
Less than 1 year..... 01
1-2 years 02
3-5 years 03
6-10 years 04
11-24 years 05
25 years or more 06

7. What is the highest level of education you have completed? CIRCLE ONLY ONE NUMBER.

- High school diploma or GED 01
- Associate's degree 02
- Bachelor's 03
- At least one year of course work beyond a Bachelor's but not a graduate degree 04
- Master's 05
- Education specialist or professional diploma based on at least one year of course work past a Master's degree level 06
- Doctorate 07
- Other (PLEASE SPECIFY): _____ 08
- _____

8. Which of the following credentials do you have to work with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|--|-----|----|
| a. Emergency credential | 1 | 2 |
| b. Provisional credential..... | 1 | 2 |
| c. Disability-specific credential or endorsement | 1 | 2 |
| d. Special education credential or endorsement (for more than one disability category) | 1 | 2 |
| e. General education credential..... | 1 | 2 |
| f. Speech/language license..... | 1 | 2 |
| g. Physical therapy license | 1 | 2 |
| h. Occupational therapy license..... | 1 | 2 |
| i. Other professional license, credential, or endorsement (PLEASE SPECIFY): _____ | 1 | 2 |
| _____ | | |
| j. Don't have special education or other professional credential, endorsement or license | 1 | 2 |

9. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

| | | | | | | | | | | | | | |
|---|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|----|
| a. Early childhood education..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| b. Early childhood special education | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| c. Elementary education | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| d. Secondary education | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| e. English as a second language (ESL) | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| f. Bilingual education..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| g. General special education | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| h. Learning disabilities | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| i. Mental retardation..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| j. Orthopedic impairments..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| k. Serious emotional disturbance | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| l. Deafness..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| m. Blindness | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| n. Communication disorders | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| o. Infants and toddlers with disabilities | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| p. Physical therapy..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| q. Occupational therapy..... | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |
| r. School psychology | 0 | ..... | 1 | ..... | 2 | ..... | 3 | ..... | 4 | ..... | 5 | ..... | 6+ |

10. Which of the following best describes your current position in this school? CIRCLE ONLY ONE NUMBER.

| | |
|--|----|
| Special education teacher..... | 01 |
| Special education teacher consultant | 02 |
| General education teacher..... | 03 |
| Speech and language therapist | 04 |
| Physical therapist | 05 |
| Physical therapy assistant or aide..... | 06 |
| Occupational therapist..... | 07 |
| Occupational therapy assistant or aide | 08 |
| School psychologist..... | 09 |
| Special education classroom aide..... | 10 |
| Other (PLEASE SPECIFY): _____ | 11 |

11. During this school year, where did you work with students with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|--|-----|----|
| In a general education classroom | 1 | 2 |
| In a special education classroom..... | 1 | 2 |
| In a non-classroom space (office, therapy room, small work space, mobile van, etc.)..... | 1 | 2 |
| Other (PLEASE SPECIFY): _____ | 1 | 2 |
| _____ | | |
| I do not work with students directly | 1 | 2 |

12. During this school year, how many students with IEPs did you work with, on average, each week? (Include students you work with directly, as well as students for whom you consult with the general education teacher) CIRCLE ONLY ONE NUMBER.

| | |
|--------------------|----|
| 1-10 | 01 |
| 11-20 | 02 |
| 21-40 | 03 |
| More than 40 | 04 |
| Don't know..... | 05 |